

FLYER CLINICAL TESTING REQUIREMENTS

TESTING REQUIREMENT	AGE																						
	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
AF form 895/RCHRA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunizations	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Blood Pressure	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Height and Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Near and Distant Visual Acuity	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Distant Stereopsis ¹	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
																	X						X
		X			X			X			X			X			X			X			X
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
													X	X	X	X	X	X	X	X	X	X	X
Skin Exam for Cancer/Surgical Scars								X						X						X			X
Breast Exam ²		X			X			X			X			X			X			X			X
PAP ³		X			X			X			X			X			X			X			X
Mammogram ⁴																							X
HIV		X			X			X			X			X			X			X			X
Gas Mask Inserts ⁵	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PHAM Visit ⁶	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

attachment

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TESTING REQUIREMENT	AGE																								
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
AF form 895/RCHRA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunizations	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Near and Distant Visual Acuity	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Distant Stereopsis ¹	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Electrocardiogram			X			X			X			X			X			X			X				
Cholesterol and HDL ²			X			X			X			X			X			X			X				
Dental ³	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			X			X			X			X			X			X			X			X	
			X			X			X			X			X			X			X			X	
			X			X			X			X			X			X			X			X	
			X			X			X			X			X			X			X			X	
			X			X			X			X			X			X			X			X	
			X			X			X			X			X			X			X			X	
			X			X			X			X			X			X			X			X	
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

1. For rated aircrew, boom operators, and rotary wing enlisted aircrew only.
2. Test includes total serum cholesterol and HDL cholesterol. Those who have a total cholesterol >200 and a HDL <35 should be referred to their private physician for follow-up.
3. Dental exams will be done per applicable RC Headquarters guidance.
4. Females considered at high risk should be referred to their personal medical provider for guidance on more frequent PAP, Mammogram or breast examinations (See Clinician's Handbook of Preventive Services, 2nd Ed.).
5. Individuals that have had a sigmoidoscopy or a rectal exam as part of another examination may submit the report instead of having an occult blood screen.
6. Gas Mask Inserts may be ordered at any time when there is a change in prescription, as documented by the RC MDS or individual's private vision care provider.
7. PHAM visit must be a flight surgeon.

NON-FLYER CLINICAL TESTING REQUIREMENTS

TESTING REQUIREMENT	AGE																							
	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
AF form 895/RCHRA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Immunizations	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Blood Pressure ¹		X			X			X			X			X			X			X			X	
Height and Weight		X			X			X			X			X			X			X			X	
Cholesterol and HDL ²														X						X				
Dental ³	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Glaucoma ⁴																							X	
Skin Exam for Cancer/Surgical Scars								X						X						X			X	
Breast Exam ⁵		X			X			X			X			X			X			X			X	
PAP ⁶		X			X			X			X			X			X			X			X	
Mammogram ⁷																							X	
HIV		X			X			X			X			X			X			X			X	
Gas Mask Inserts ⁸		X			X			X			X			X			X			X			X	
PHAM Visit		X			X			X			X			X			X			X			X	

Attachment

NON-FLYER CLINICAL TESTING REQUIREMENTS

TESTING REQUIREMENT	AGE																								
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
AF form 895/RCHRA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunizations	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Blood Pressure ¹			X			X			X			X			X			X			X			X	
Height and Weight			X			X			X			X			X			X			X			X	
Cholesterol and HDL ²			X			X			X			X			X			X			X			X	
Dental ³	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Glaucoma ⁴						X						X			X			X			X			X	
Skin Exam for Cancer/Surgical Scars			X			X			X			X			X			X			X			X	
Breast Exam ⁵			X			X			X			X			X			X			X			X	
PAP ⁶			X			X			X			X			X			X			X			X	
Mammogram ⁷			X			X			X			X			X			X			X			X	
HIV			X			X			X			X			X			X			X			X	
Fecal Occult Blood ⁸												X			X			X			X			X	
Gas Mask Inserts ⁸			X			X			X			X			X			X			X			X	
PHAM Visit			X			X			X			X			X			X			X			X	

1. BP testing may be done during the member's periodic dental examinations. Personnel on medication for hypertension must have annual BP check or submit documentation that BP is adequately controlled.
2. Test includes total serum cholesterol and HDL cholesterol. Individuals who have a total cholesterol >200 or a HDL <35 should be referred to their private physician for follow-up.
3. Dental exams will be done per applicable RC Headquarters guidance.
4. Consider referring African Americans or those with a family history of glaucoma to their personal vision care provider for advice on more frequent screening.
5. Females considered at high risk should be referred to their personal medical provider for guidance on more frequent PAP, Mammogram, or breast examinations (See Clinician's Handbook of Preventive Services, 2nd Ed.).
6. Individuals that have had a sigmoidoscopy or a rectal exam as part of another examination may submit the report instead of having an occult blood screen.
7. Gas Mask Inserts may be ordered at any time when there is a change in prescription, as documented by the RC MDS or individual's private vision care provider.